

Exhibit # 19

SBI NUMBER: _____
(Leave blank)Registered Name: PAVULAK PAUL EDWARD
LAST FIRST MIDDLE SUFFIXDate of Birth: [REDACTED] 44 Place of Birth (state/country): N.J. CAMDENSocial Security Number: [REDACTED] 4741Driver's license or id state: DE Driver's license or id number: [REDACTED]Race: C Sex: M Height: 6' Weight: 250Hair color: BR Eye color: BL Skin color: WHITE

Alias names:

NONE

Scars, marks or tattoos (with descriptions): (Example: tattoo of snake lower left arm, scar on right cheek)

NONE

Email Address: _____

Email Address: _____

Email Address: _____

Email Address: _____

Email Address: _____

Home telephone number: 302 322-3070
(area code) (number) (area code) (number)Cell telephone number: _____
(area code) (number) (area code) (number)Passport Identification Number: 451954842 Issuing Country: USA

Immigration status: _____



LIVING and/or MAILING ADDRESS

Are you living at a shelter: NO (yes or no) Are you homeless: NO (yes or no)

MAILING ADDRESS (is this different from your physical address?) _____ (yes or no)

Development or Apartment Name: HOLLYWOOD MOBILE Apartment #: 104

Street Address: 145 So Robert Hwy
Number (North, South, etc) Street Name (Street/Drive/etc)

City: NEW CANE State: DE Zip: 19720

PHYSICAL ADDRESS: (if different from mailing address)

Development Name: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Are there other addresses that you live: _____ (yes or no)

Development or Apartment Name: _____ Apartment #: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Development or Apartment Name: _____ Apartment #: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Development or Apartment Name: _____ Apartment #: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Development or Apartment Name: _____ Apartment #: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

If Homeless list the area you frequent: _____

PLACE OF STUDY INFORMATION

Do you have a place of study? N (yes or no) Are you enrolled? N (yes or no)

Name of place of study: _____ Effective Date: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Name of place of study: _____ Effective Date: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Name of place of study: _____ Effective Date: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Name of place of study: _____ Effective Date: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Name of place of study: _____ Effective Date: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

EMPLOYMENT INFORMATION

Are you employed? yes (yes or no)

Name of employer: _____ Occupation: _____

Type of business: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Telephone: number: _____

Name of employer: _____ Occupation: _____

Type of business: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Telephone: number: _____

Name of employer: _____ Occupation: _____

Type of business: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Telephone: number: _____

Name of employer: _____ Occupation: _____

Type of business: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

Telephone: number: _____

VEHICLE INFORMATION

List all vehicles that you own or operate for private or work use. (Vehicles include cars, trucks, motorcycles, boats, planes, etc.)

380 325
 Registration / hull / or plane tail number

DE
 State of registration

Vehicle year: 1996 Vehicle make: Ford Vehicle model: THUNDER

Vehicle color: black over _____

Place vehicle is parked or located: Houma, LA
(Hanger, marina, garage, location)

Owner's name: PAUL SAVANNAH

Street Address: 145 S DUPONT HWY
Number (North, South, etc) Street Name (Street/Drive/etc)

City: NEW ORLEANS State: DE Zip: 19720

380 325
 Registration / hull / or plane tail number

DE
 State of registration

Vehicle year: 1996 Vehicle make: _____ Vehicle model: _____

Vehicle color: _____ over _____

Place vehicle is parked or located: _____
(Hanger, marina, garage, location)

Owner's name: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

 Registration / hull / or plane tail number

 State of registration

Vehicle year: _____ Vehicle make: _____ Vehicle model: _____

Vehicle color: _____ over _____

Place vehicle is parked or located: _____
(Hanger, marina, garage, location)

Owner's name: _____

Street Address: _____
Number (North, South, etc) Street Name (Street/Drive/etc)

City: _____ State: _____ Zip: _____

VERIFICATION CERTIFICATION

I, Paw Pawuk
(PRINT FULL NAME here), have completed this validation process and make these

statements as true and factual. I understand that by improperly stating or willfully withholding facts needed to complete this verification, I am liable for criminal prosecution due to non-compliance with Delaware's Megan Law 11 Delaware Code Chapter 41.

Signature: [Signature]

Date: 1-16-09

If under 18:

Name of parent/guardian: _____
(PRINT NAME here)

Signature of parent/guardian: _____

Date: _____

DSP Employee Accepting Packet: [Signature]

Date: 1-16-09

00000773

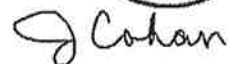
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DRIVING RECORD

DATE 08/16/10

[illegible]

In testimony whereof, I have hereunto set my hand and official seal of my office at Dover, Kent County, DE.



Division of Motor Vehicles

Exhibit # 23

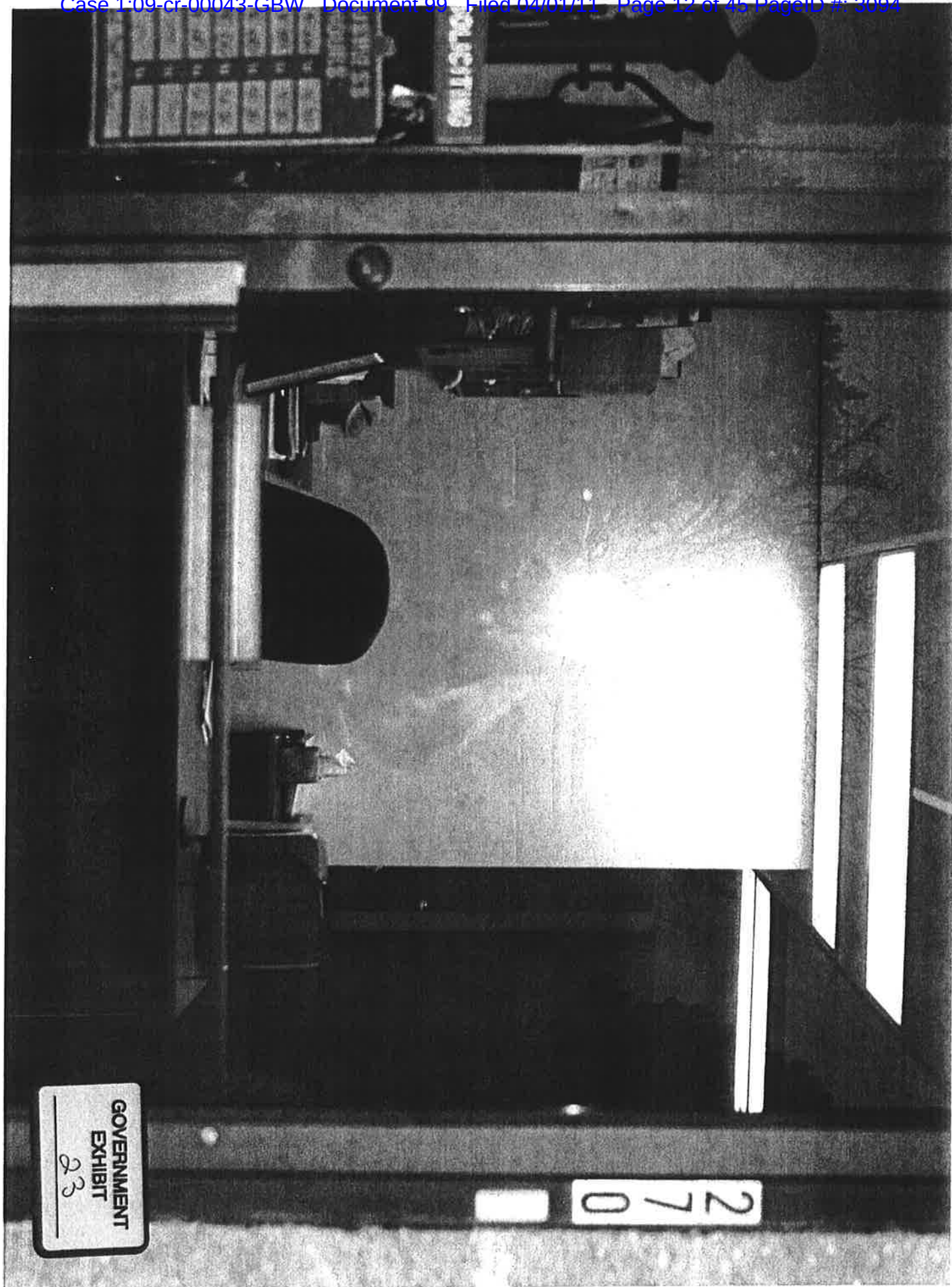


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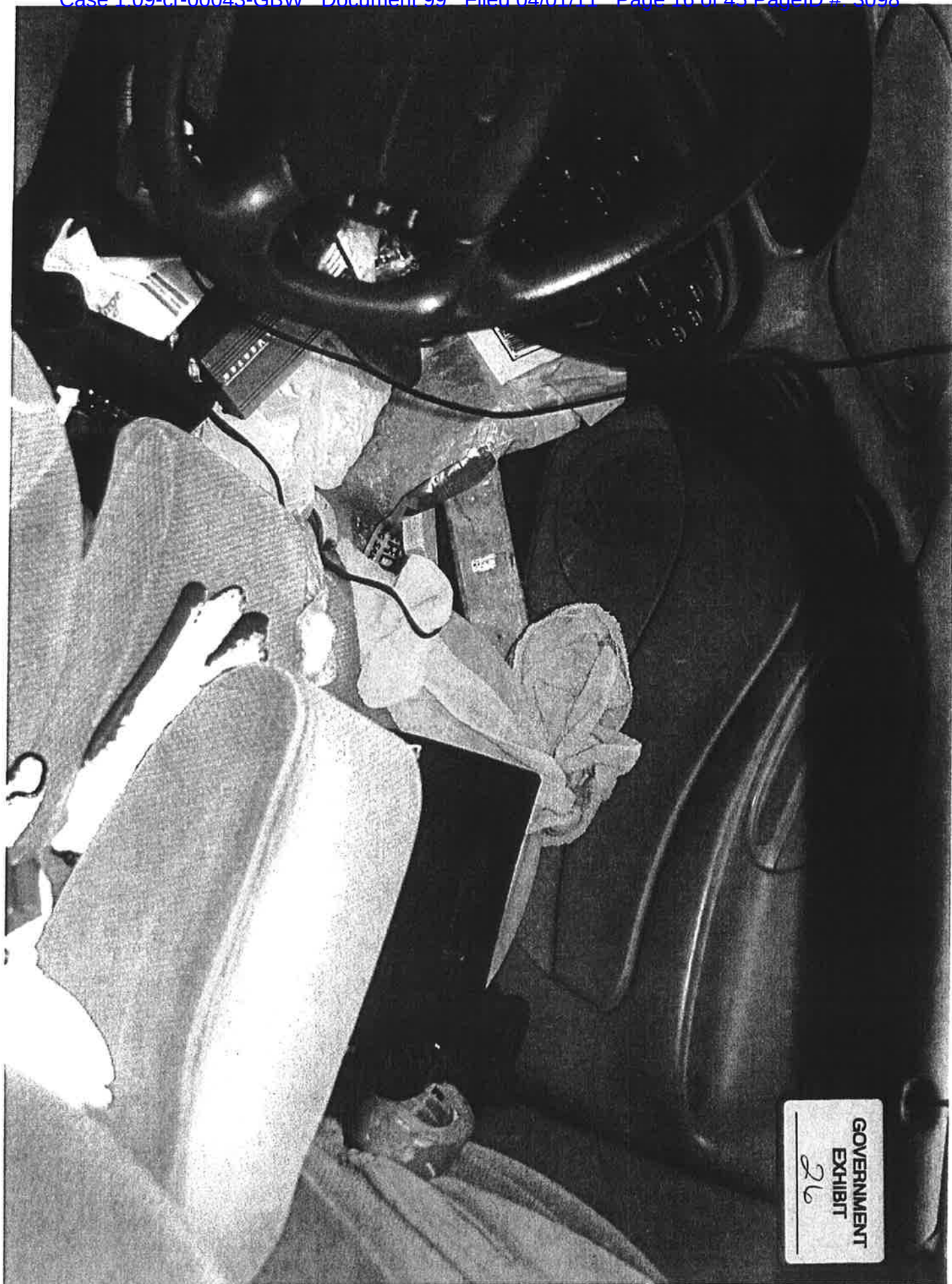


Exhibit # 27

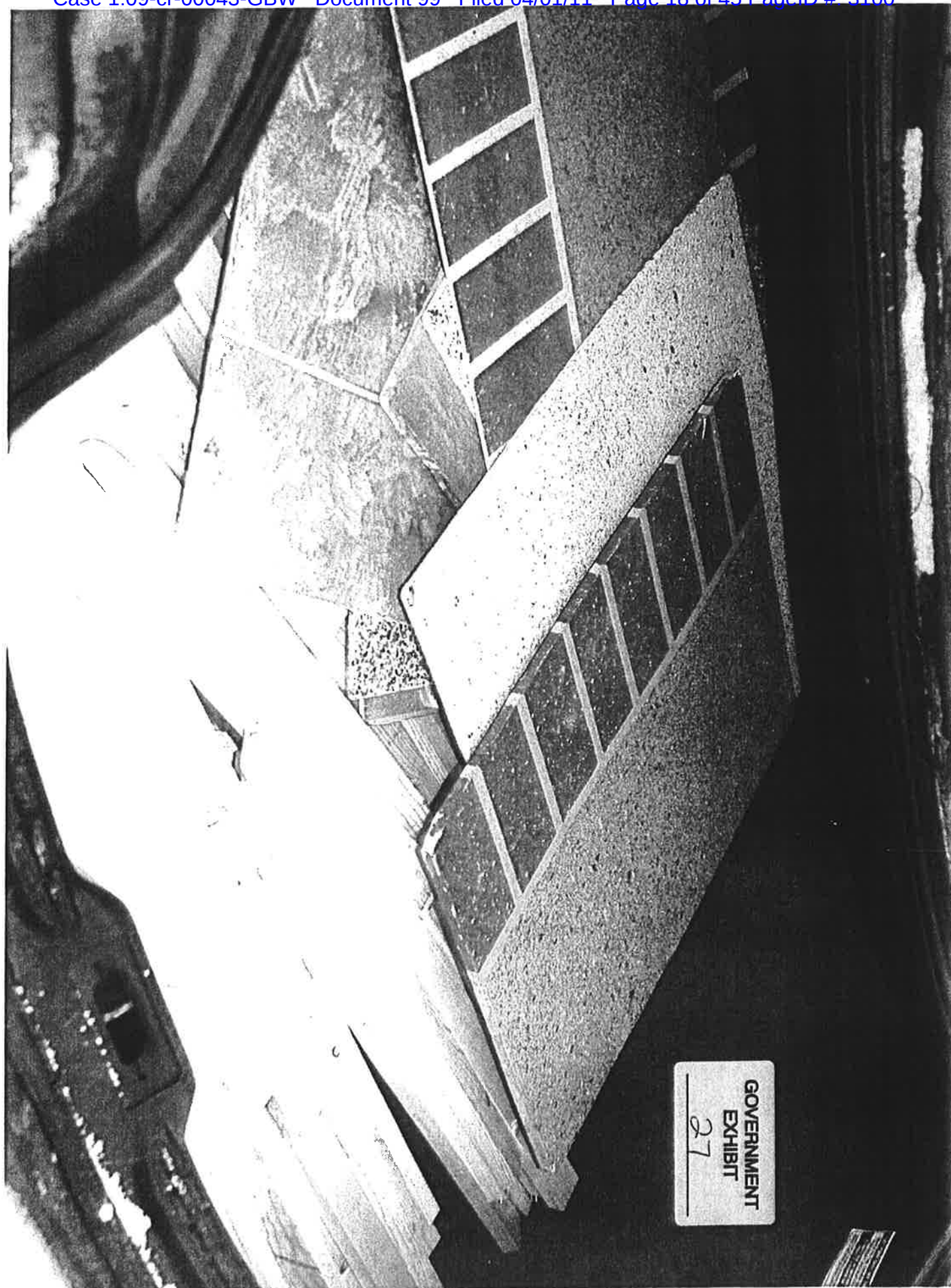


Exhibit # 30



EXHIBIT 33

Computer

Exhibit # 38

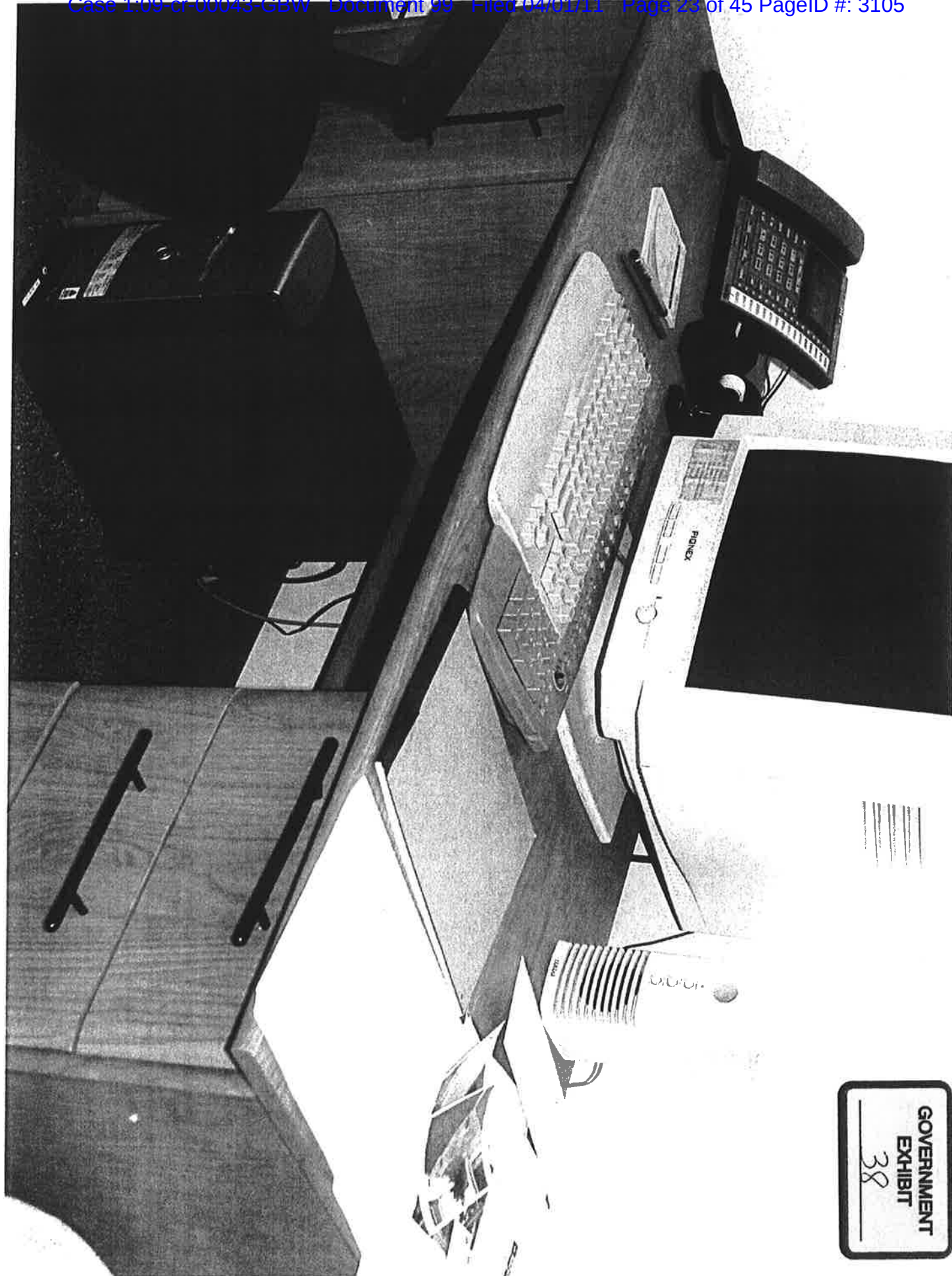


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Exhibit # 44



Exhibit # 45

GOVERNMENT
EXHIBIT

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Exhibit # 46



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Exhibit # 48

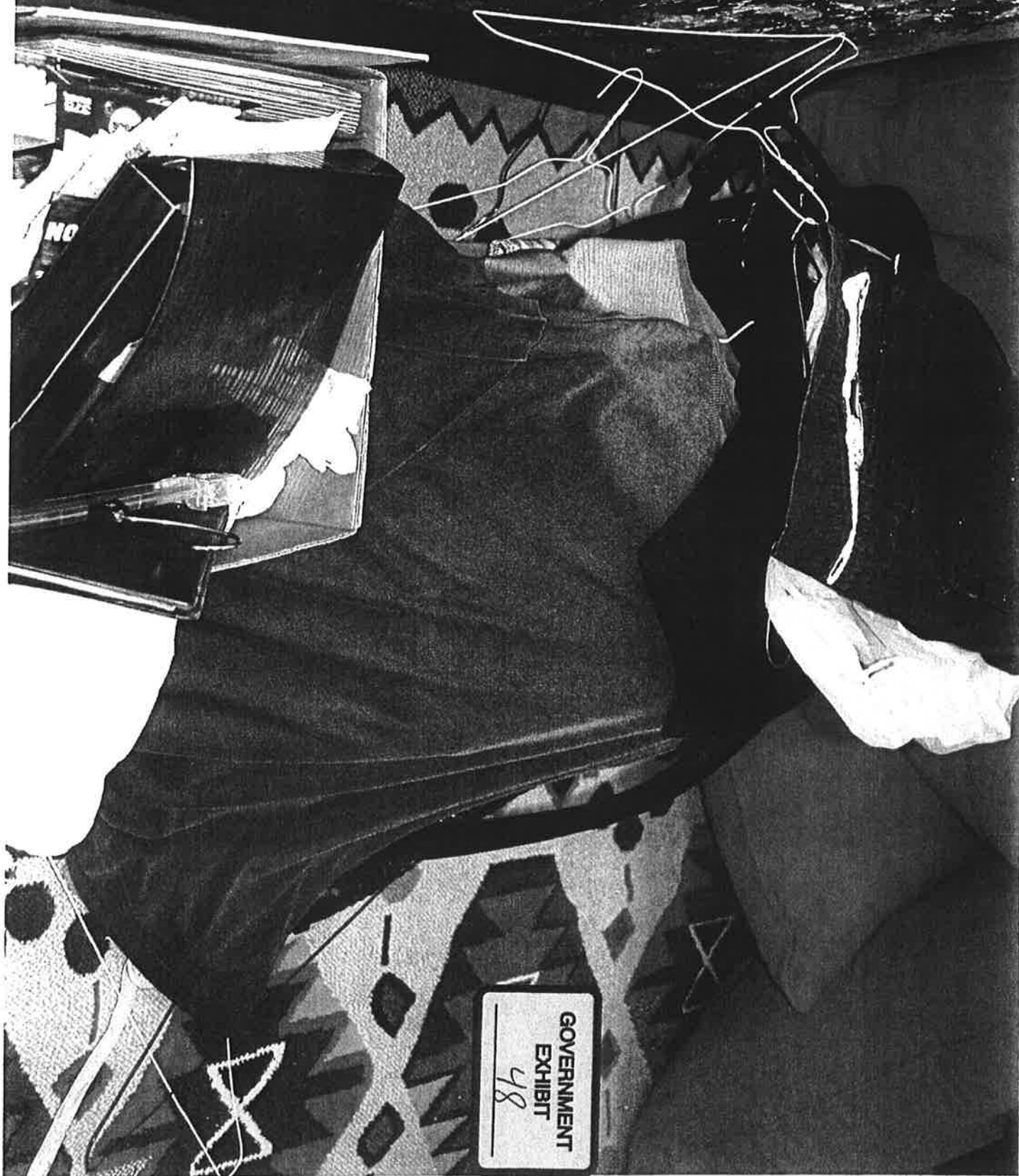


Exhibit # 49

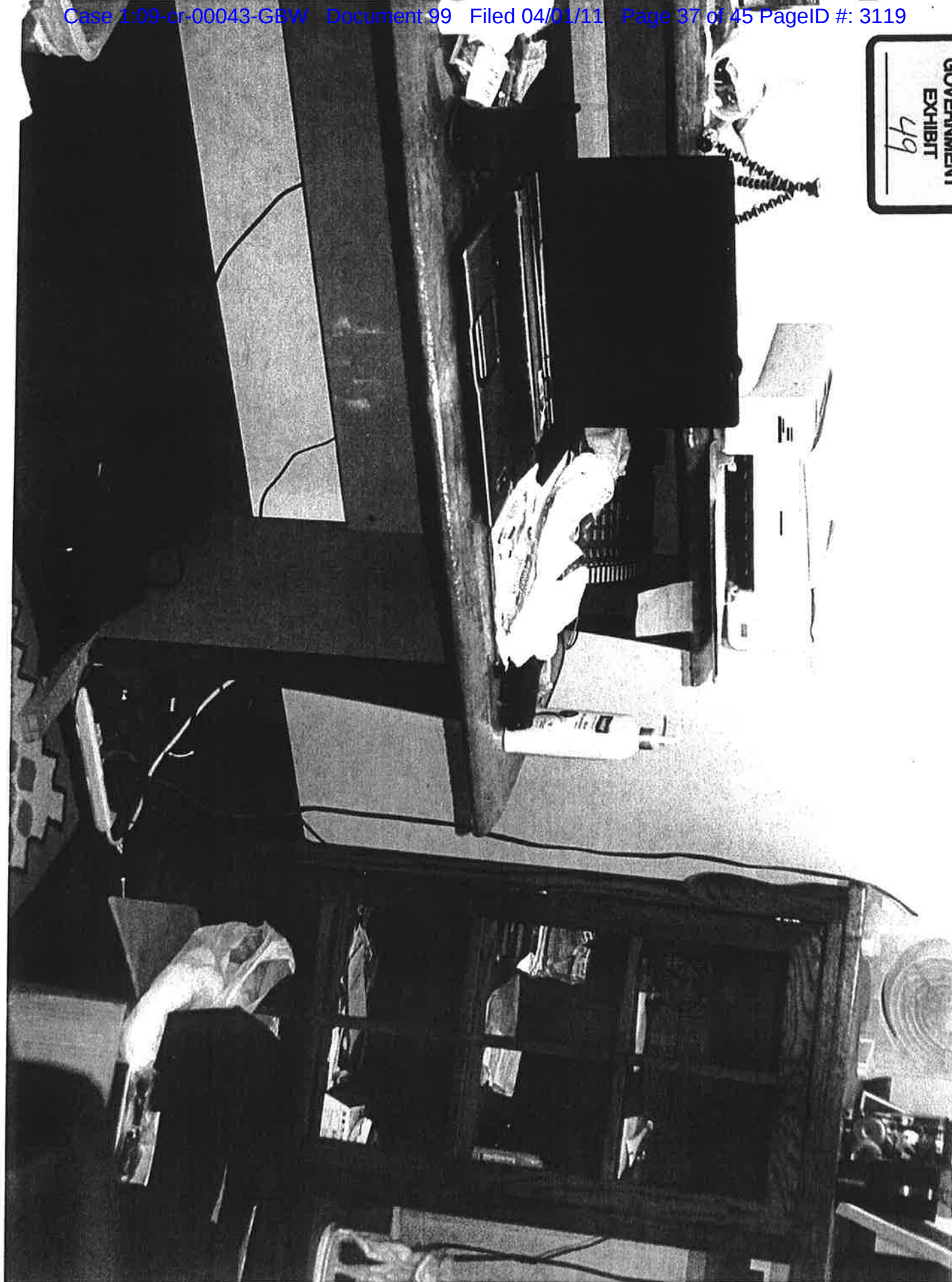
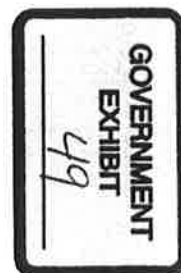


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Exhibit # 51

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2010. 7/28/09
2010. 8/18/09

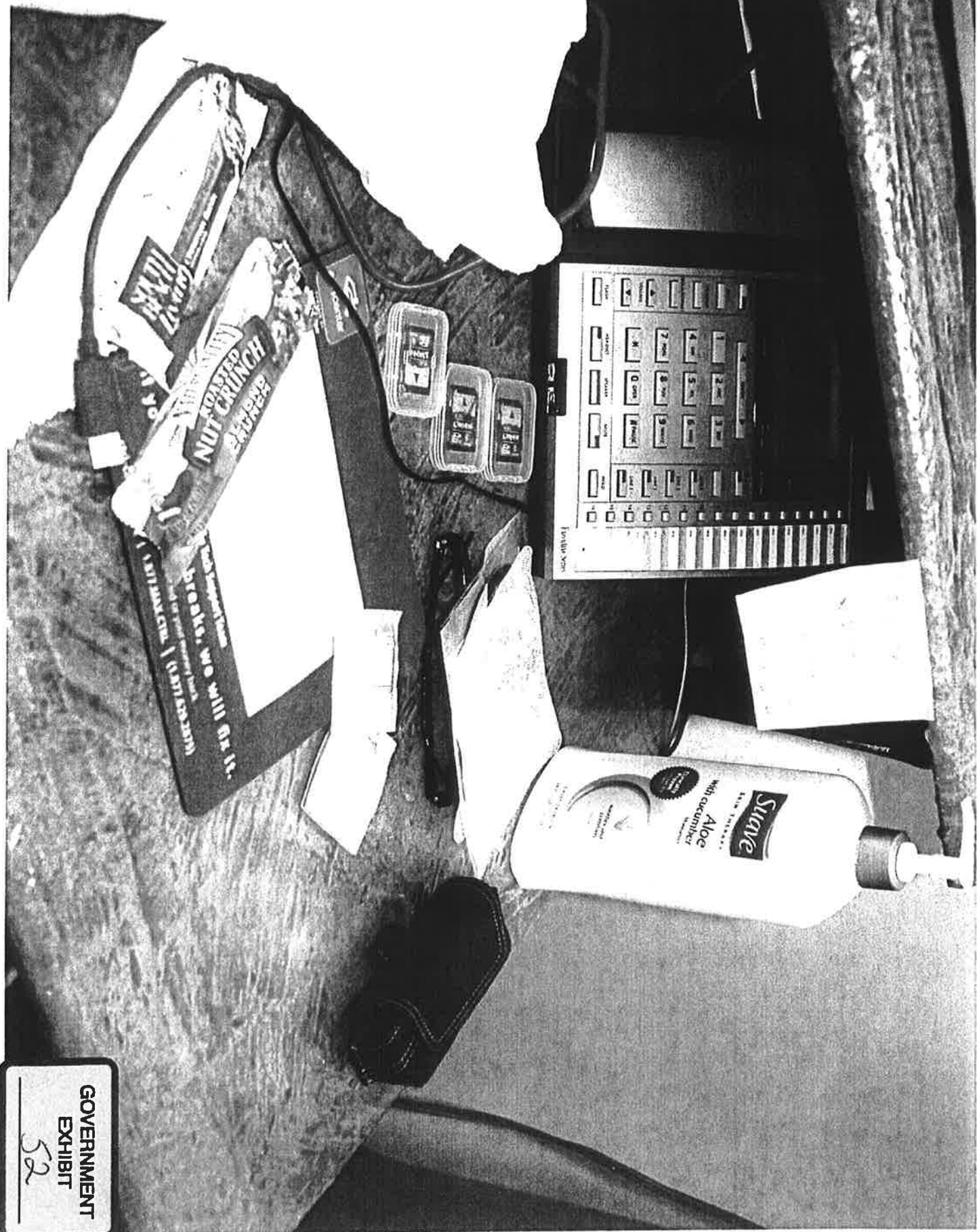
BAKE
KEN FINK
655-5550

Sgt. Carver
302-672-5306
Lori Hegman
302-672-5335

NAI Emory Hill



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EXHIBITS 56

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